



Retirement Investors' Club (RIC)
403b Plans
Look forward to retirement!

Optional Providers
403b Salary Reduction Form

Personal Information

Name _____ Social Security No. (last 4 digits) _____
Last First MI
Address _____ City _____ State _____ ZIP _____
Birthdate _____ Telephone (daytime) _____ Telephone (home) _____
Employer Name _____

Contribution Election

Employee Contribution	Pretax	Roth (post-tax)	Employer Contribution (if applicable in your plan)	Effective date
Annuity Investors LIC	\$ _____/Check	\$ _____/Check	<input type="checkbox"/> Yes	<input type="checkbox"/> First available check
EFS Advisors	\$ _____/Check	\$ _____/Check	<input type="checkbox"/> Yes	<input type="checkbox"/> Future date
AXA Equitable	\$ _____/Check	\$ _____/Check	<input type="checkbox"/> Yes	_____ Date
Lincoln Investment	\$ _____/Check	\$ _____/Check	<input type="checkbox"/> Yes	
Security Benefit	\$ _____/Check	\$ _____/Check	<input type="checkbox"/> Yes	

Product Notice

Optional provider product disclosure: RIC does not monitor optional provider investment offerings or negotiate optional provider fees, penalties, or restrictions. For the product you are purchasing, have your provider specify the applicable fees/terms of the items shown here.

Possible Fees/Restrictions

Your Optional Provider

Annual Fees

Asset-Based Fee

Front-End Sales Load

Surrender Charge

Fixed Rate Restrictions

Other (e.g.: Managed Account Fee)

Participant Signature

I authorize my employer to direct my contributions and make salary reductions (if requested) as indicated above. I understand and agree to the terms and conditions of the Iowa Retirement Investors' Club (RIC). I have access to a 403b At-A-Glance and Plan Document. I have established a 403b account with the optional provider elected above. I understand that withdrawals may only be made upon termination of employment or qualification for in-service distribution as defined by my employer plan. I understand that the total of all salary-deferred 403b contributions made in the calendar year may not exceed the federal limits as required by the Internal Revenue Code section 403b.

X

Participant Signature

Date

Form Submission

Forward this form to your payroll office.

Agent Use Only (Not required for existing accounts)

I am authorized to open accounts for this employee and verify that he/she has established a 403b account with the optional provider shown below.

Print Agent Name

Agent Signature

Agent Phone Number

Provider Name

Date

Payroll Office

Date Received: _____ Paycheck Effective Date: _____ Name: _____



Visit the RIC website at <https://das.iowa.gov/RIC/403b> to access the 403b At-A-Glance (under *Providers & Investments*) and plan options specific to your employer's plan (under *Your Plan Details*). See IRS annual contribution limits at https://das.iowa.gov/403b/IRS_limits.